

IN THE MATTER OF
United States Patent Application No 09/647098
In the name of **Eimeria Pty Limited** and
the **State of Queensland** through the
Department of Primary Industries, and
the **Rural Industries Research**
and Development Corporation

This is Exhibit **PAS-1** referred to in the Statutory Declaration of Dr Peter
A Stearne made before me.

DATED this 27th day of April 2001.

BEFORE ME:

Ross Heisey

ROSS M. HEISEY
DAVIES COLLISON CAVE
10, 10 BARRACK STREET, SYDNEY 2000
Registered Patent Attorney within the
meaning of the Patents Act 1990

DAVIES COLLISON CAVE
PATENT & TRADE MARK ATTORNEYS



30 March, 1999

The Commissioner of Patents
WODEN ACT 2606

Our Ref: 724077/PS

Re: Eimeria Pty Limited AND
The State of Queensland through the Department of Primary
Industries AND
Rural Industries Research and Development Corporation
New International Patent Application

Sir,

We enclose herewith PCT application for patent in the above names

We forward herewith the following documents:

- a) Request;
- b) Specification;
- c) Claims;
- d) Abstract;
- e) Fees to the value of \$3312.00

Please acknowledge receipt of these documents, and let us know if any further documentation is required.

When issuing the search report, could you please supply copies of the citations.

Yours respectfully
DAVIES COLLISON CAVE


DR PETER A STEARNE

Encl. Fees \$3312.00

Davies Collison Cave
PATENT & TRADE MARK
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PAWFD005/GES/724077.PS - 30/3/99

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 724077

Box No. I TITLE OF INVENTION

Vaccination Modalities

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Eimeria Pty Limited
55 Wonga Road
North Ringwood
Victoria 3134
Australia

☐ This person is also inventor.

Telephone No.

Facsimile No.

Teleprinter No.

State (that is, country) of nationality:
AU

State (that is, country) of residence:
AU

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

The State of Queensland through the Department of
Primary Industries
Department of Primary Industries
80 Ann Street
Brisbane Queensland 4001
Australia

This person is:

☒ applicant only

☐ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
AU

State (that is, country) of residence:
AU

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: ☒ agent ☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

STEARNE, Peter
SMEETON, Anthony
COWLE, Anthony
SIELY, James
HUGHES, John
Davies Collison Cave, Level 10, 10 Barrack Street
Sydney, New South Wales, 2000, Australia

Telephone No.

(02) 9262 2611

Facsimile No.

(02) 9262 1080

Teleprinter No.

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Form PCT/RO/101 (first sheet) (July 1998)

See Notes to the request form

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>Rural Industries Research and Development Corporation Level 1 AMA House 42 Macquarie Street Barton ACT 2600 Australia</p>	<p>This person is:</p> <p><input checked="" type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality: AU	State (that is, country) of residence: AU
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>RICHARDS, David Grant 29 Tantani Street Frankston North Victoria 3200 Australia</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality: AU	State (that is, country) of residence: AU
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>JORGENSEN, Wayne Keith 9 St Amand Street Sinnamon Park Brisbane Queensland 4073 Australia</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality: AU	State (that is, country) of residence: AU
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>STEWART, Norman Porter 25 Ocean View Street Point Vernon Harvey Bay Queensland 4655 Australia</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality: GB	State (that is, country) of residence: AU
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.</p>	

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

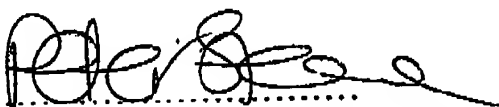
Regional Patent

- ☒ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SZ Swaziland, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | |
|--|--|
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> LS Lesotho |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> LT Lithuania |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> LU Luxembourg |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> LV Latvia |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> MD Republic of Moldova |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> MG Madagascar |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> MN Mongolia |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> MW Malawi |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> MX Mexico |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> NO Norway |
| <input checked="" type="checkbox"/> CH and LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> SI Slovenia |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> GE Georgia | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> GH Ghana | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> GW Guinea-Bissau | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> YU Yugoslavia |
| <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | |
| <input checked="" type="checkbox"/> KR Republic of Korea | |
| <input checked="" type="checkbox"/> KZ Kazakhstan | |
| <input checked="" type="checkbox"/> LC Saint Lucia | |
| <input checked="" type="checkbox"/> LK Sri Lanka | |
| <input checked="" type="checkbox"/> LR Liberia | |
- Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet:
- | | |
|---|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> GD Grenada |
| <input checked="" type="checkbox"/> ZA South Africa | <input checked="" type="checkbox"/> IN India |

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designations indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM		<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.		
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: regional Office	international application: receiving Office
item (1) 30/03/98	PP 2683	AU	AU	AU
item (2)				
item (3)				
<input checked="" type="checkbox"/> The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): (1)				
<i>* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.</i>				
Box No. VII INTERNATIONAL SEARCHING AUTHORITY				
Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):		Request to use results of earlier search: reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):		
ISA /AU		Date (day/month/year)	Number	Country (or regional Office)
Box No. VIII CHECK LIST: LANGUAGE OF FILING				
This international application contains the following number of sheets:		This international application is accompanied by the item(s) marked below:		
request : 4		1. <input checked="" type="checkbox"/> fee calculation sheet		
description (excluding sequence listing part) : 12		2. <input type="checkbox"/> separate signed power of attorney		
claims : 2		3. <input type="checkbox"/> copy of general power of attorney; reference number, if any:		
abstract : 1		4. <input type="checkbox"/> statement explaining lack of signature		
drawings :		5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):		
sequence listing part of description :		6. <input type="checkbox"/> translation of international application into (language):		
Total number of sheets : 19		7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material		
		8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form		
		9. <input checked="" type="checkbox"/> other (specify): Letter		
Figure of the drawings which should accompany the abstract:		Language of filing of the international application: English		
Box No. IX SIGNATURE OF APPLICANT OR AGENT				
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).				
 Peter A Stearne, Agent for the Applicant				

For receiving Office use only		2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
1. Date of actual receipt of the purported international application:		
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections under PCT Article 1(2):		
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.	

For International Bureau use only
Date of receipt of the record copy by the International Bureau: